

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/856202 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
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16	6		/			
17	6		/			
18	6					
19			1			
20			1			
21			1			
22	/		1			
23	/		1			
24	/		1			
25	/		1			
26	/		1			
27	/		1			
28	/		1			
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31	6		1			
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50						
TOTAL IND.			10			
TOTAL DEP.			38			
TOTAL CLAIMS			38			

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	IND.	DEP.	IND.	DEP.
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY